

### Application of Object Number

Substitute for Form PTO-875

Application of Docket Number  
09/99/254

### SMALL ENTINY

(Column 1)

(Column 2)

OR

OTHER THAN  
SMALL ENTITY

(Column 2)			(Column 3)	
FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE
BASIC FEE (37 CFR 1.16(a))				\$ _____
TOTAL CLAIMS (37 CFR 1.16(c))		minus 2) =	X \$ _____ =	
INDEPENDENT CLAIMS (37 CFR 1.16(b))		minus 3) =	X \$ _____ =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			+ \$ _____ =	
<small>* If the difference in column 1 is less than zero, enter "0" in column 2</small>			TOTAL	

\* If the difference in column 1 is less than zero, enter "0" in column 2

## SMALL ENTITY

(Column 1)

(Column 2)

(Column 3)

62.

OTHER THAN  
SMALL ENTITY

AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT				HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	SMALL ENTITY		SMALL ENTITY	
	TOTAL (37 CFR 1.16(c))		Maint.				RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
Total (37 CFR 1.16(c))	39		Maint.		44	=	\$ _____		OR	\$ _____
Independent (37 CFR 1.16(a))	4		Maint.		2	=	\$ _____		OR	\$ _____
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							\$ _____		OR	\$ _____
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE

(Column 1)		(Column 2)		(Column 3)	
AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
Totals (2) C.P.P. 15601	19	Minus	5		
Independent (3) C.P.P. 15601	9	Minus	5		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (3) C.P.P. 15601					

RATE	ADDITIONAL FEE
A.S. _____	
A.S. _____	
A.S. _____	
TOTAL ADDITIONAL FEE	

OR

RATE	ADDITIONAL FEE
A.S. _____	
A.S. _____	
A.S. _____	
TOTAL ADDITIONAL FEE	

AMENDMENT	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
6/28/07			
TOTAL (1) CFA 1 (b)(2)	36	44	
INDEPENDENT (1) CFA 1 (b)(2)		9	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (1) CFA 1 (b)(2)			

\* If the entry in column 1 is less than the entry in column 2, write '0' in column 3.

\* If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20"

\*\*\* If the "Highest Amount Previously Paid For" IN THIS SPACE is less than 0, enter "0"

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or claim a benefit by the public which is to be (and by the USPTO to process) an application. Confidentiality is governed by 35 USC 422 and 37 CFR 1.14. This collection is estimated to take 17 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22311-1450. DO NOT SEND FEES OR CONFIDENTIAL FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, U.S. Dept. of Commerce, P.O. Box 1450, Alexandria, VA 22311-1450.

If you need assistance in completing the form call 1-800-PI(1-413) and select option 2.